

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

24301

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 788  
 12 Township Central Primary Registration District No. 4471  
 8 City Webster Groves (No. 360 Marshall Ave)  
 2. FULL NAME Alvina L. M. Becker  
 (a) Residence, No. 360 Marshall Ave St. Webster Groves Mo Ward. 10  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas A Becker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 1 25  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 13. NAME John P Meyer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 15. MAIDEN NAME Anna C Hoffman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT Chas A Becker  
 (ADDRESS) 360 Marshall Ave  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Kieran Cem DATE 7-24-1933  
 19. UNDERTAKER Louis H Bopp  
 (ADDRESS) Kirkwood  
 20. FILED 7-22 19 33  
Dr. H. W. Weirup  
J. Link Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21- 19 33  
 22. I HEREBY CERTIFY That I attended deceased from July 5 19 33 to July 21 19 33  
 last saw her alive on July 15 19 33. Death is said to have occurred on the date stated above, at 7:00 A. m.  
 The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart  
mitral regurgitation  
+ aortic stenosis  
 Other contributory causes of importance:  
Cheney  
 Name of operation none Date of July 5  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? - Date of injury - 19 -  
 Where did injury occur? - (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury -  
 Nature of injury -  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify -  
 (Signed) M. B. Bidman M. D.  
 (Address) 3146 Morganford Rd.

